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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

AF	or th	e 200	caler	idar year, or tax year beginning 10/01, 2009, and ending		-	, 20 10	
Вс	neck if ap	plicable		C Name of organization OPTIMIST INTERNATIONAL FOUNDATION	D Employer in	dentification	number	
	Addre		use IRS label or	Doing Business As	23-710)2928		
	7 1	change	print or	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone	number		
	1	return	type See	4494 LINDELL BOULEVARD	(314) 3	71-6000)	
\vdash	┪		Specific	City or town, state or country, and ZIP + 4	1,322,			
\vdash	Termi.		Instruc- tions	ST. LOUIS, MO 63108	G Gross recei	C	2 611	,031.
-	return	1		·				
_	pendi	ng		ime and address of principal officer JUDITH A SMITH	H(a) Is this a gr affiliates?	oup return for	Yes	\vdash
			4494	LINDELL BLVD. ST LOUIS, MO 63108	H(b) Are all affil	iates included?	Yes	No
_		empt sta		X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," att.	ach a list (see	instructions)	
J	Websi	te: 🕨	WWW.	OIFOUNDATION.ORG	H(c) Group exe	mption number	•	
K	Form o	of organ	ızatıon	X Corporation Trust Association Other ▶ L Year of form	ation 1971 M	State of leg	jal domicile	MO
Pa	rt 1	Sur	nmary					
		Briefly	doscri	he the erganization's mission or most significant activities:				
	' '	OPT	MTST	be the organization's mission or most significant activities: TOTITE INTERNATIONAL FOUNDATION WAS INCORPORATED TO SOL	TCTT AND			
9				GIFTS OF MONEY AND PROPERTY TO BE USED FOR THE FU			-	
nar				RITABLE AND EDUCATIONAL EFFORTS OF OPTIMIST INTERN				
ķ				- 				
Ĝ				if the organization discontinued its operations or disposed of more than 25				_
≪ ≪	3	Numb	er of vo	oting members of the governing body (Part VI, line 1a)		. 3		5
Ę.	4	Numb	er of in	dependent voting members of the governing body (Part VI, line 1b)		. 4		5
Ξ	5	Total ı	number	of employees (Part V, line 2a)		. 5		4
Ą	6	Total i	number	of volunteers (estimate if necessary)		1 - 1		400
	7a	Total	gross u	nrelated business revenue from Part VIII, column (C), line 12		7a		0.
ര				business taxable income from Form 990-T, line 34		. 7b		0.
<u>5 </u>					Prior Year	-1	Current Y	 ⁄ear
	8	Contri	hutions	s and grants RAF GIEN IND	1,311,2	49.	1.286	5,883.
§ §	9	Drogr	- con	nce reversue (Part VIII, line 2g)		0.		7,252.
司 🍹	10	Invest	2111 SEIV	nce reversible (Fait VIII, IIIIe 29)	226,6	- '		1,258.
3 &	10	invest	ment ir	ncomes Plant VIII poolumnii (A) Nintes 3 Qand 7d)				
⊳	11	Other	revenu	e (Pan VIII, column (A), lines 5, 6d, 862 9c, 10c, and 11e)		706.		7,079.
<u>ت</u>	12	Total	revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,544,6			2,472.
	13	Grant	s and s	ımıla amounts paid (Parl IX, column (A) lines 1-3)	709,4		1,283	3,486.
	14	Benef	ıts paıd	to or for members (Part IX, column (A), line 4)		0.		0.
_ ` %	I	Saları	es, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	442,3	391.	334	1,977.
<u>``</u>	16a	Profes	ssional	fundraising fees (Part IX, column (A), line 11e)		0.	0	
≕ §	ь	Total 1	fundrai	fundraising fees (Part IX, column (A), line 11e) sing expenses, Part IX, column (D), line 25) 148,399.				
ũ	17			ses (Part IX, column (A), lines 11a-11d, 11f-24f)	332,9	85.	349	9,469.
	18	Total	eynens	es Add lines 13-17 (must equal Part IX, column (A), line 25)	1,484,8	45.		7,932.
				s expenses Subtract line 18 from line 12	59,8			5,460.
- 8		116461	iue ies	s expenses Subtract line to notifille 12	Beginning of \		End of Y	
ts o		-			5,663,9			
sse 3ala	20			Part X, line 16)				2,564.
Αğ	21			s (Part X, line 26)	2,904,9			7,649.
				fund balances Subtract line 21 from line 20	2,758,9	196.	2,494	4,915.
Pa	rt II	Sig	gnatur	e Block				
T S a Fund Balances Expenses Revenue Activities & G		Unde	r penaltı	es of pgrjury, I declare that I have examined this return, including accompanying schedules a	nd statements, a	nd to the be	st of my k	nowledge
		and t	elief, it	15 true, correct, and complete Declaration of preparer (other than officer) is based on all in	formation of whi	ch preparer	has any ki	nowledge
S	ign			JUNILA A Truck	1.3	-30-2	211	
Н	ere		Signatu	re of officer	Date			
			,	-Tudith A Smith Decretary				
			Type of	print name and title				
_		+	~ /	Date Check if	Pro	eparer's iden	tifvno numi	ber
Parc	l	Prepa	arer's	Self-	(se	e instruction:	s)	
Pre	oarer's	ــــا	<u>′</u>	13000	, , , , , , , , , , , , , , , , , , , 		<u> 2554</u>	
	Only	If self	s name (-employe	ed C	EIN •		76531	
		addre	ss, and z	MP+4 PONE NORTH BRENTWOOD SAINT LOUIS, MO 63105	Phone no		-290 - 3	300
Ma	the I	RS dis	cuss th	is return with the preparer shown above? (see instructions)		X	Yes	No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009)

Pa	art III	Statement of Program Service Accomplishments	
1		describe the organization's mission. *ACHMENT 3	
2		e organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ?	X No
3	If "Yes,	" describe these new services on Schedule O. e organization cease conducting, or make significant changes in how it conducts, any program	
	service	Yes describe these changes on Schedule O.	X No
4	Descri Sectio	be the exempt purpose achievements for each of the organization's three largest program services by expenses. In 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and clons to others, the total expenses, and revenue, if any, for each program service reported	
4 a	(Code) (Expenses \$ 988,341 including grants of \$ 665,924) (Revenue \$ 7,252 ITABLE, LITERARY, AND EDUCATIONAL PROGRAMS, WHICH INCLUDE	.)
		TS TO EXEMPT ORGANIZATIONS TO ASSIST WITH PUBLICATION COSTS	
		MAGAZINES AND ARTICLES (WHICH ARE DISTRIBUTED TO THE	
		NIZATION'S CONSTITUENTS), SEMINARS AND TRAINING FOR MEMBERS OF	
		R EXEMPT ORGANIZATIONS, GRANT WRITING PROGRAM, INTERNATIONAL	
		IATIVES AND MATCHING GRANTS.	
	TINTI	TAILVES AND MAICHING GRANIS.	
			
	<u> </u>	VIII A CONTRACTOR OF THE CONTR	
4 b	(Code.)(Expenses 190,000 including grants of 190,000.)(Revenue \$ ORICAL CONTEST SCHOLARSHIPS: AN ANNUAL SPEECH COMPETITION	_)
		OVER 40,000 ENTRANTS. SCHOLARSHIPS ARE AWARDED AT THE	
	DIST	RICT LEVEL IN CONTESTS LOCATED IN THE UNITED STATES.	
			
40	(Code		_)
		GRANT PROGRAMS: GRANTS FOR MEMBER CLUBS UTILIZED FOR	
		ITABLE, LITERARY AND EDUCATIONAL PROGRAMS AT THE DIRECTION OF	
	THE	FOUNDATION IN CONJUNCTION WITH SUPPORT FROM THE MEMBER CLUBS.	
40	Other	program services. (Describe in Schedule O.) ATTACHMENT 4	
		nses \$ 242,300 including grants of \$ 242,300) (Revenue \$)	
4 €	<u> </u>	program service expenses ► 1,605,903.	
_			

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			37
4.0	complete Schedule D, Part IV	9		<u> </u>
10	quasi-endowments? If" Yes," complete Schedule D, Part V	4.0	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	X	ļ
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No If "Yes." completing Schedule D. Parts XI, XII, and XIII is optional			
4.0	12A	40		Х
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	148		<u></u>
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	170		
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form **990** (2009)

Pari	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		1	
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30.	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
			990	(2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	.		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	[
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 4			ا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			لــــا
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			i
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			٠,,
_	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.	- <u>-</u>		J
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		$\vdash $
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			l
6.	Prohibited Tax Shelter Transaction?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		<u> </u>
U	gifts were not tax deductible?	6ь	Ì	
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			ł
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			l
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			⁻
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12	. 1		ĺ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
129	amounts due or received from them.)	_ 12a		- ~
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ıza		
	The state of the s			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	з	Χ	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			_
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.5		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Soot		эа		
	ion B. Policies (This Section B requests information about policies not required by the Internal enue Code.)			
1 ICVC	inde Gode.)	·	Yes	No
100	Dogs the organization have local abortons branches or offlicted?	10a		X
	Does the organization have local chapters, branches, or affiliates?	IVa		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
4.4	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	Х	
	form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		Х	
	rise to conflicts?	12b	Λ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		Х	
	describe in Schedule O how this is done	12c	-X	
13	Does the organization have a written whistleblower policy?	13		37
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sect</u>	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NONE_REQUIRED			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)		
	available for public inspection. Indicate how you make these available Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
. •	policy, and financial statements available to the public	JJ1		
20		10		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CONNIE J. PELLOCK 4494 LINDELL BLVD. ST LOUIS, MO 63108	10		
	314-371-6000			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if the organization did not compensate any current officer, director, or trustee.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	nstitutional trustee	chec Officer	Key employee	ন্ধ Highest compensated ৰু employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
WILLIAM SCOTT									, -	
BOARD MEMBER	5.00	X		Ш				0.	0.	0
WILLIAM H TEAGUE									_	
PRESIDENT	5.00	X		Х				0.	0.	0
ROGER VAUGHAN							'	_		_
BOARD MEMBER	5.00	Х		\square				0.	0.	0
GARY ADDISON				_					_	
PRESIDENT-ELECT	5.00	Х		Х				0.	0.	0
FRANK RUMAN	F 00			_						
TREASURER	5.00	Х	<u> </u>	Х				0.	0.	. 0
JUDITH SMITH EXEC. DIRECTOR/SECRETARY	50.00			х				118,944.	0.	12,864
	1									
	-								-	
									"	

9E1041 3 000

-	Section A. Officers, Directors, Tru	isiees. Ke	Y CII	Die	ver	?S	and r	tia!	hest Compensate	ed Emplove	es (cr	ontinue	d)	
	t VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average	Posit	ion ((C	C) k all	that app	oly)	(D) Reportable	(E) Reportable	,	Est	(F) imated	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensati from relate organization (W-2/1099-M	d ns	o comp fro orga and	ount of other ensation om the nization related nization	on on d
										·				
. – –														
· – –														
1b 2	Total number of individuals (including but not reportable compensation from the organization	limited to t	hose	 Iiste L	d a	 bov	 e) wh	o re	118,944 eccived more than	\$100,000 in	0.		12,8	364
3	Did the organization list any former office	er, directi	or or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensat	ed		Yes	No
	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the	ule J for su	ch ind	livid	ual							3		Х
•	the organization and related organizations individual	greater th	nan \$	150	0,00	002	If "Y	'es,				4		<u>-</u> X
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5		X
	ction B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization.	compensa	ted ir	ndep	eno	deni	con	trac	ctors that receive	d more than	\$10	0,000	of ——	
_	(A) (B) Name and business address Description of services								С	(C) ompens	ation			
							_	+						
		•						\downarrow						_
	Total number of independent contractors (iii	acludina h	ut no	t lin	nuto	d +-	tha		lieted above) who	received				
-	more than \$100,000 in compensation from the				······································	u (. 11103	9 C	nated apove) will	I ECEIVEU				

Par	t; VIII	Statement of Revenue			23-7102928		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e					
ntribut 1 other	'	All other contributions, gifts, grants, and similar amounts not included above . 11	1,286,883.				
Co	9	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		1,286,883			
-e-	h	Total. Add lines Ta-11	Business Code	1,200,003			
len!		PRESIDENT CLUB LUNCHEON	900099	3,552	3,552		
Program Service Revenue	2a b c	HAT LUNCHEON	900099	3,700	3,700		
	d e f	All other program service revenue Total. Add lines 2a-2f		7,252.			
	g			1,232.			<u> </u>
	3	Investment income (including dividends, in other similar amounts)		138,048			138,048
	4	Income from investment of tax-exempt bon		0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	>	0			
		(ı) Real	(II) Personal		i		
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss) L	<u> </u>		·		ļ
	d	Net rental income or (loss)	▶ s (II) Other	0			
	7a	Gross amount from sales of					
	ь	Less cost or other basis					
		and saids expenses					
	d	Gain or (loss)		33,210.			33,210
۵	8a	Gross income from fundraising		30,213.		-	
Other Revenue	02	events (not including \$					
e		of contributions reported on line 1c)					
Œ		See Part IV, line 18	а		:		
ihe	b	Less direct expenses					
ō	С	Net income or (loss) from fundraising event	s . <u> ▶</u>	0		** ***	
	9a	Gross income from gaming activities See Part IV, line 19	a 345				
	Ь	Less direct expenses	b	345			345
	°	Net income or (loss) from gaming activities	AICU. J. P	345			345
	10a	Gross sales of inventory, less returns and allowances					
	þ	Less: cost of goods sold		0.			⁻
	ا ا	Miscellaneous Revenue	Business Code	0.			
	11a	INCREASE CSV OF LIFE INSURANCE	525990	2,909.			2,909
	Ь	MI SCELLANEOUS	900099	3,825			3,825
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		6,734			
	12	Total Revenue. See instructions	<u> </u>	1,472,472	7,252		178,337

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complet				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	936,186.	936,186.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	347,300.	347,300.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.		"	
5	Compensation of current officers, directors, trustees, and key employees	131,082.	79,960.	34,081.	17,041.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	131,036.	79,932.	21,488.	29,616.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	24,373.	14,868.	5,167.	4,338.
9	Other employee benefits	28,594.	17,442.	6,062.	5,090.
10	Payroll taxes	19,892.	12,134.	4,217.	3,541.
11 a	Fees for services (non-employees). Management	0.			
	Legal	1,210.		1,210.	
	Accounting	52,500.	40,000.	12,500.	
d	Lobbying	0.	-		
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	0.	•		
g	Other	375.		375.	
12	Advertising and promotion	0.			
13	Office expenses	3,639.			3,639.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	20.020	10.020	
19	Conferences, conventions, and meetings	30,460.	20,230.	10,230.	
20	Interest	0.1			· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	29,670.	18,099.	5,281.	6,290.
22	Depreciation, depletion, and amortization	508.	10,000.	3,201.	508.
23	Insurance	300.			
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
_	VOLUNTEER ACTIVITIES	62,128.	31,066.	31,062.	
	BAD DEBT EXPENSE	61,890.	,	61,890.	
_	DONOR AWARDS	27,160.		, , , , , , , , , , , , , , , , , , , ,	27,160.
_	COLLECTORS' PLATES, PRINTS	22,185.			22,185.
	PRINTING	14,179.			14,179.
_	All other expenses	43,565.	8,686.	20,067.	14,812.
	Total functional expenses. Add lines 1 through 24f	1,967,932.	1,605,903.	213,630.	148,399.
	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				_

PAGE 11

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	98,038.	2	178,591.
	3	Pledges and grants receivable, net	218,428.	3	323,917.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of		İ	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
(0		Part II of Schedule L		6	
sets	7	Notes and loans receivable, net	701,473.	7	678,941.
Assets	8	Inventories for sale or use	30,000.	8	30,000.
•	9	Prepaid expenses and deferred charges	6,274.	9	11,837.
	10a	Land, buildings, and equipment: cost or 10a 292,446.			
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation	108,295.	10c	85,840.
	11	Investments - publicly traded securities	4,310,449.	11	4,239,422.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets		14	·
	15	Other assets. See Part IV, line 11	190,952.	15	194,016.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,663,909.	16	5,742,564.
	17	Accounts payable and accrued expenses	376,022.	17	451,969.
	18	Grants payable	1,013,670.	18	1,135,088.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	:	20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
jab		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	1 515 001	24	1 (() [0)
	25	Other liabilities Complete Part X of Schedule D	1,515,221.	25	1,660,592.
_	26	Total liabilities. Add lines 17 through 25	2,904,913.	26	3,247,649.
es		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	693,539.	27	493,468.
3ak	28	Temporarily restricted net assets	762,417.	28	572,606.
5	29	Permanently restricted net assets	1,303,040.	29	1,428,841.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	2,758,996.	33	2,494,915.
_	34	Total liabilities and net assets/fund balances	5,663,909.		5,742,564.
				1	<u>-</u>

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За			İ	
	the Single Audit Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		
	· · · · · · · · · · · · · · · · · · ·		990	(2009

SCHEDULE,A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OPT	IMI	ST INTER	NATIONAL FO	OUNDATION						23-71	.02928
Pai	rt I	Reason fo	or Public Chari	ty Status (All organ	izations m	ust compl	ete this	oart.) Se	e instruc	tions.	
The	orgai	nization is no	ot a private found	dation because it is: (F	or lines 1 t	hrough 11,	check on	ly one bo	x.)		
1		A church, co	onvention of chu	rches, or association of	of churches	described	ın sectio	n 170(b)(1)(A)(i).		
2		A school de	scribed in sectio	on 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)					
3		A hospital o	r a cooperative	hospital service organ	zation desc	cribed in se	ction 170	(b)(1)(A)	(iii).		
4		A medical	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
		hospital's na	ame, city, and sta	ate:							
5		An organiza	ation operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated t	y a gove	ernmental	unit described in
			(b)(1)(A)(iv). (C								
6	Ш	A federal, s	tate, or local gov	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).		
7	Х	An organiza	ation that norma	lly receives a substan	tial part of	its support	from a q	governme	ental unit	or from t	the general public
	_			(1)(A)(vi). (Complete F	-						
8	Ш			d in section 170(b)(1) (
9		_		lly receives: (1) more							•
				ted to its exempt fun		-		-			
			_	ment income and uni				-		511 tax)	from businesses
			_	after June 30, 1975.					•		
10	\vdash	-	-	ind operated exclusive	-	-	-				
11		_	_	and operated exclusi	-		-				•
			•	ublicly supported orga					•		, , ,
		a Typ		at describes the type of Type II		e III - Func					pe III - Other
_			_	rtify that the organiz			-	•			•
·	ш	-	-	on managers and oth				-			· ·
		•	r section 509(a)(or man on	0 07 111010	publicity (зарронос	a organiz	4110110 40	Sonbod III Scotloii
f				-, I a written determına	tion from t	he IBS tha	atıtısa	Type I. T	vne II. o	r Type III	supporting
·		-	n, check this box					• .	,po, o	, , ,	
g		_		the organization acce	oted anv d	ift or contri	bution fro	m anv of	the		
•		following pe		 	,			,		i	
				or indirectly controls	, either ale	one or tog	ether wit	h person	s descrit	oed in (ii)	Yes No
				erning body of the supp							
		(ii) A famil	y member of a p	erson described in (i) a	bove?						11g(ii)
				of a person described							11g(iii)
h		Provide the	following inform	ation about the suppo	rted organi	zation(s).					
(i)		of supported	(ii) EIN	(iii) Type of organization				ou notify			(vii) Amount of
	orga	Inization		above or IRC section	s 1-9 in col. (i) listed in your the organization in organization in col support col (i) of your (i) organized in the	support					
				(see instructions))			sup	oort'?		S۶	
					Yes	No	Yes	No	Yes	No	
						<u>-</u>				-	-
							_				
								1			
										 	
]		
									-		
Tota	al							1			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Part II

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,383,228	1,729,082	1,870,796.	1,311,249.	1,286,883	7,581,238
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						·
4	Total. Add lines 1 through 3	1,383,228	1,729,082	1,870,796	1,311,249.	1,286,883	7,581,238.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						84,579
6	Public support. Subtract line 5 from line 4			i			7,496,659
	tion B. Total Support	(a) 2005	(h) 0000	(-) 0007 I	(4) 0000	(-) 0000	(D. T-4-1
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,383,228	1,729,082	1,870,796	1,311,249	1,286,883	7,581,238
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	160,582	166,669	237,560	185,060	138,048	887,919
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH 1	7,784	21,258	11,643	9,973	6,734	57,392
11	Total support. Add lines 7 through 10						8,526,549
12	Gross receipts from related activities, etc. (s						7,252
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup			44(1)			87.92%
14	Public support percentage for 2009 (II						87.27%
15	Public support percentage from 2008	•				15	
тьа	331/3% support test - 2009. If the o						
b	this box and stop here. The organization 331/3% support test - 2008. If the cocheck this box and stop here. The organization of the company of the com	organization did	not check a bo	ox on line 13 o	r 16a, and line	15 is 331/3% d	or more,
172	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t						
	organization			•	•	. ,	▶
b	10%-facts-and-circumstances test - 2	2008. If the org	ganization did ne	ot check a box	on line 13, 16	a, 16b, or 17a,	
	15 is 10% or more, and if the organization						*
	Explain in Part IV how the organization						
18	supported organization	n did not chec	k a box on line	13, 16a, 16b,	, 17a, or 17b,	check this box	and see
	instructions	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		chedule A (Form 99	

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support							
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include							
	any "unusual grants ")							
2	Gross receipts from admissions, merchandise	_					ŀ	
	sold or services performed, or facilities							
	furnished in any activity that is related to the						i	
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the organization's				1			
	benefit and either paid to or expended on						ľ	
	ıts behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5	<u>-</u>						
7a	Amounts included on lines 1, 2, and 3	i						
	received from disqualified persons Amounts included on lines 2 and 3	_						
D	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						}	
	for the year						\longrightarrow	
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
500	tion B. Total Support					l		
	tion B. Total Support alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
9	Amounts from line 6	(4) 2000	(5) 2000	(0, 200)	(2, 2000	(0)		(17 1 0 12.1
_	Gross income from interest, dividends,	_						
	payments received on securities loans,							
	rents, royalties and income from similar sources							
ь	Unrelated business taxable income (less							
	section 511 taxes) from businesses		-					
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11								
	activities not included in line 10b,			1				
	whether or not the business is regularly carried on							
12	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)				1			
14	First five years. If the Form 990 is for	the organizatio	n's first, second	third, fourth, or	fifth tax year a	s a sec	tion 501((c)(3)
	organization, check this box and stop here			<u> </u>	· · · · · · · · · · · · · · · · · · ·			<u></u> ▶
	tion C. Computation of Public Sur					,, -		
15	Public support percentage for 2009 (line 8					15		<u> </u>
16	Public support percentage from 2008 Sche			· · · · · · · · · · · · · · · · · · ·		16		<u></u>
	tion D. Computation of Investmen			40 1 103				
17	Investment income percentage for 2009 (li					17		 %_
18	Investment income percentage from 2008					18		<u></u> %
19a	33 1/3% support tests - 2009. If the o	-						. —
	17 is not more than 33 1/3%, check to							
D	33 1/3% support tests - 2008. If the org							. —
20	line 18 is not more than 331/3%, check Private foundation. If the organization		•	•	• •		•	
JSA		G.G T.O. OHOOK		,, 191				990 or 990-EZ) 2009

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

				<u> </u>	ATTACHMENT 1	
SCHEDULE A, PART II - OTHER	INCOME					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISC	7,784	21,258	11,643	9,973.	6,734	57,392
TOTALS	7,784.	21,258	11,643	9,973	6,734	57,392

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization	Employer identification number
OPTIMIST INTERNATIONAL FOUNDATION	23-7102928
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered "Yes" to Form 990, Part IV, line 6.	accounts. Complete if
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor	or advised
funds are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
purpose conferring impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answered "Yes" to Fore	m 990 Part IV line 7
1 Purpose(s) of conservation easements held by the organization (check all that apply).	111 330, 1 att 14, line 7.
	on historically important land area
	an historically important land area
	a certified historic structure
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	and the second second
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the easement on the last day of the tax year.	ne form of a conservation
	Held at the End of the Year
Total number of concentration accoments	···
	2a
	2b
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during
the tax year >	
4 Number of states where property subject to conservation easement is located ▶	dl f
5 Does the organization have a written policy regarding the periodic monitoring, inspection, hand	
violations, and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	nents during the year
7 Amount of supposed to manufacture transfer and or foreign and or	- d M
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during the year
S	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of secti	
170(h)(4)(B)(ı) and 170(h)(4)(B)(ı)?	L Yes L No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and e	•
balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes
the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ommar Assets.
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or research.	tement and balance sheet works of
provide, in Part XIV, the text of the footnote to its financial statements that describes these item	is
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement	ent and balance sheet works of art,
historical treasures, or other similar assets held for public exhibition, education, or research	ch in furtherance of public service,
provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
following amounts required to be reported under SFAS 116 relating to these items.	
a Revenues included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	▶ \$
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2009

Par	Organizations Maintaini	ng Collections of	t Art, Histori	cai ire	asures	, or	Other Similar As	sets (C	ontinue	<u>a)</u>	
3	Using the organization's acquisition	n, accession, and o	other records,	check a	ny of th	e fol	lowing that are a sig	gnifican	t use of it	S	
	collection items (check all that app		•		•		J				
а	Public exhibition	• ·	d 🗀	Loa	n or ex	chan	ge programs				
b	Scholarly research		e 🖂	Othe							
С	Preservation for future ge	nerations	ш		-						_
4	Provide a description of the organic		and explain h	ow thev	further	the o	organization's exem	not purc	ose in		
_	Part XIV.		- -	,			3				
5	During the year, did the organization	on solicit or receive	e donations of	art, histo	orical ti	eası	ires, or other similar				
_	assets to be sold to raise funds rati							_	Yes		No
Par	t IV Escrow and Custodial A										1
	IV, line 9, or reported an					<u> </u>			o, . a		
	1- Ab A		!								
1a	Is the organization an agent, truste			-				_	– 1	_	٦
	included on Form 990, Part X?							· · · L	Yes		No
þ	If "Yes," explain the arrangement in	Part XIV and com	plete the follo	wing tab	ile.						
							Am	ount			
	Beginning balance					$\overline{}$					
d	Additions during the year					\rightarrow					
е	Distributions during the year					$\overline{}$					
f	Ending balance										
	Did the organization include an am), Part X, line 2	17			· · · · · · · · · · · · ·	L	Yes		No
	If "Yes," explain the arrangement in										
Par	t V Endowment Funds. Con										
		(a) Current Year	(b) Prior year) Two ye	ars ba	ck (d) Three years	back	(e) Four	years	back
1a	Beginning of year balance	2,062,697	1,773,6	23.							
þ	Contributions	77,556	212,5	80							
С	Net investment earnings, gains,										
	and losses	105,914	86,5	10.							
	Grants or scholarships	54,195	10,0	16							
е	Other expenditures for facilities .			İ				İ			
	and programs										
f	Administrative expenses										
g	End of year balance		2,062,6	97							
2	Provide the estimated percentage										
а	Board designated or quasi-endown		<u>00</u> %								
b	Permanent endowment ► 63.0										
	Term endowment ► 4.0000	-									
3a	Are there endowment funds not in	the possession of	the organizat	ion that	are hel	d and	d administered for th	ıe	_	,	
	organization by.									Yes	No
	(i) unrelated organizations							. 	3a(i)		X
	(ii) related organizations								3a(ii)		X
b	If "Yes" to 3a(II), are the related org	ganizations listed a	is required on t	Schedule	R?.				3b		
4	Describe in Part XIV the intended i			-			,				
Par	t VI Investments - Land, Bui					T					
	Description of investment		or other basis restment)		st or other (other)		(c) Accumulated depreciation	(c	i) Book val	16	
1a	Land					\dashv					
b	Buildings		+						· .		
c	Leasehold improvements				9,9	18	9,918.				
d	Equipment				216,2		157,119.		5	9.0	90.
	Other				66,3		39,569.				50.
	I. Add lines 1a through 1e (Column		orm 990 Part Y	Column							30.
. J.a		. (a) masi oqual I C	ooo, r are x	., coluitii	ا اا راحا	.5 .0	·/·/· · · · · · · · · · · · · · · · · ·	Schod	ule D (For		
									_, (, 0)		.,

Part VII	Investments - Other Securities. See	Form 990, Part X, line	12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	on. et value
Financial d	erivatives			
	d equity interests			
Other				
				
	·		 	
	n (b) must equal Form 990, Part X, col (B) line 12)	. Farma 000 Bart V. lina	- 40	<u>-</u>
Part VIII	Investments - Program Related. Se	i		
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
	<u> </u>			
				•
			 	
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. See Form 990, Part	K, line 15.		······································
	,	(a) Description		(b) Book value
·				
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Pa			
1.	(a) Description of liability	(b) Amount		
Federal inc		4 050 460		
	MEMBER CLUBS	1,078,469.		
	NUITIES PAYABLE	298,443.		
DUE TO	OPTIMIST INTERNATIONAL	283,680.		
	··· · · · · · · · · · · · · · · · · ·			•
	· · · · · · · · · · · · · · · · · · ·			
		1 660 500		
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	▶ 1,660,592.		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

	le D (Fiorm 990) 2009 23 - 71 U 2 9 2 8		_	Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	men	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,472,472.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,967,932.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-495,460.
4	Net unrealized gains (losses) on investments			246,605.
5	Donated services and use of facilities	5		
6	Investment expenses			· · · · -
7	Prior period adjustments	7	1	
8	Other (Describe in Part XIV.)	8		-15,226.
9	Total adjustments (net) Add lines 4 through 8	9		231,379.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-264,081.
Part				
1	Total revenue, gains, and other support per audited financial statements		1	1,703,851.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		<u> </u>	<u> </u>
a	Net unrealized gains on investments	05.		
b	Donated services and use of facilities	\neg		
c	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV) 2d -15, 2	26.		
e			2e	231,379.
3	Add lines 2a through 2d Subtract line 2e from line 1		3	1,472,472.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	1/1/2/1/2.
4				
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	$\overline{}$		
b	Other (Describe in Part XIV.)		4.	
c	Add lines 4a and 4b		4c	1,472,472.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,4/2,4/2.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per I	netu:		1,967,932.
1	Total expenses and losses per audited financial statements	• • •	1	1,301,332
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a	Donated services and use of facilities 2a		İ	
b	Prior year adjustments 2b			
C	Other losses 2c			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	1,967,932.
3	Subtract line 2e from line 1	• •	3	1, 301, 332.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b4a			
b	Other (Describe in Part XIV.)	-		
_ C	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c	1 067 022
5			5	1,967,932.
Compand 2	Supplemental Information blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; III b); Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. It is provide any additional information	Also c		
SEE	PAGE 5			
			-	

OTHER REVENUE AND EXPENSES NOT INCLUDED ON FORM 990
SCHEDULE D, PART XI, LINE 8 AND PART XII, LINE 2D
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES

USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, QUESTION 4

THE FOUNDATION'S ENDOWMENT CONSISTS OF 41 DONOR-RESTRICTED ENDOWMENTS AND A BOARD-DESIGNATED QUASI-ENDOWMENT. THE DONOR-RESTRICTED ENDOWMENTS HAVE BEEN ESTABLISHED FOR A VARIETY OF PURPOSES BY THE DONORS. THE MAJORITY OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ARE INTENDED TO BE KEPT IN PERPETUITY, WITH THE EARNINGS GENERATED FROM THE INVESTED FUNDS TO BE UTILIZED FOR SCHOLARSHIPS GRANTED TO INDIVIDUALS IN THE UNITED STATES. THE BOARD-DESIGNATED QUASI-ENDOWMENT IS INTENDED TO GENERATE INVESTMENT RETURNS, WHICH ARE ALSO UTILIZED TO FUND SCHOLARSHIPS TO INDIVIDUALS.

FIN 48 DISCLOSURE

FORM 990, SCHEDULE D, PART X

ON OCTOBER 1, 2009, THE FOUNDATION ADOPTED RECENTLY ISSUED ACCOUNTING RULES FOR UNCERTAIN TAX POSITIONS. THESE RULES REQUIRE FINANCIAL STATEMENT RECOGNITION OF THE IMPACT OF A TAX POSITION IF A POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE RULES ALSO PROVIDE GUIDANCE ON MEASUREMENT, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, TRANSITION, AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS. THE ADOPTION OF THE NEW RULES HAD NO IMPACT ON THE FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2010. THE FOUNDATION'S TAX

Schedule D (Form 990) 2009

Part XIV , Supplemental Information (continued)

RETURNS FOR TAX YEARS 2006 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations.

OMB No 1545-0047

Open to Public

Inspection ployer identification number ° N

× ×

(Eorm 000)		
(066 11101)	Governments, and Individuals in the United States	
Toronto of the Treese	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	0
Internal Revenue Service	▶ Attach to Form 990.	
Name of the organization	Employer id	Employer identification
OPTIMIST INTERNA	OPTIMIST INTERNATIONAL FOUNDATION 23-71	23-7102928
Part General Info	Part I General Information on Grants and Assistance	
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	nce, and
		_

Partil Grants and Other Assistance to Governments	to Governme	w	and Organizations in the United States. Complete if the organization answered "Yes" to	ited States. Comp	lete if the organiza	ation answered "Ye	s" to
Form 990, Part IV, line 21, for any recipient that Part IV and Schedule I-1 (Form 990) if additional s	any recipient 990) if additio		•	than \$5,000. Check this box if	no one recipient r	eceived more than	\$5,000. Use
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	I -	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPTIMIST INTERNATIONAL							
4494 LINDELL BLVD ST LOUIS, MO 63108	43-0443279	501(C)(4)	184,024				CHARITABLE, LITERARY
OPTIMIST CLUB OF ALTAMONTE SPRINGS-SOUTH SE							
ALTAMONTE SPRINGS, FL 33772	23-7105612	501(C)(4)	6,912				SCHOLARSHIPS, TRAINI
OPTIMIST CLUB OF PRINCETON, KY							
	23-7178644	501(C)(4)	26,700				PLAYGROUND PROJECT
S U C C E S S OPTIMIST CLUB OF SAN DIEGO,							
SAN DIEGO, CA 92101	90-0183833	501(C)(4)	13,810				CHILDREN'S ART
OPTIMIST CLUB OF MERIDIAN, MS							
MERIDIAN, MS 39301	64-6025437	501(C)(4)	6,000				GOLF, YOUTH BASESBAL
OPTIMIST CLUB OF MT SUMMIT - BLUE RIVER VA							
NI	35-6067624	501(C)(4)	6,100				BUILD SOCCER FIELDS
JOHNS HOPKINS UNIVERSITY	· -						
1101 E 33RD ST BALTIMORE, MD 21218	52-0595110	501 (C) (3)	450,000				CHILDHOOD CANCER
	•				-		
							
2 Enter total number of section 501(c)(3) and government org	and governmer	nt organizations			•	A	1
3 Enter total number of other organizations	· · · · · · · · · · · · · · · · · · ·	, .				•	9

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

9E1288 2 000 88556H 1315 3/25/2011

Schedule I (Form 990) 2009

Schedule I (I	Schedule I (Form 990) 2009	23-7102928 Pay	age
Part III	art III Grants and Other Assistance to Individuals in the United States.	ils in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	pe.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ORATORICAL SCHOLARSHIPS	82	190,000			
CCDHH SCHOLARSHIPS	25	52,500			
ESSAY CONTEST SCHOLARSHIPS	39	104,800			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ete this part to	provide the info	ormation required	in Part I, line 2, and any	other additional information.
PROCEDURES FOR MONITORING USE OF G	GRANT FUNDS	· γ			
SCHEDULE I, PART I, QUESTION 2					
THE FOUNDATION MONITORS THE CLUB GRANT	Ы	ROGRAM ON A PER	PERIODIC BASIS.	Ą	
FINAL PROJECT COMPLETION FORM HAS		EVELOPED BY THE	FOUNDATION	AND IS	
ED TO EACH CLUB. THE	REQUIRES	THE CLUBS TO	DOCUMENT THE	TOTAL	
TION O	THE GRANT	FUNDS WERE	SPENT. THE		
NO	ı	STAFF	ON A MONTHLY	BASIS,	
TO ENSURE THAT FUNDS WERE UTILIZED	1 0	CHA	CHARITABLE, LITE	LITERARY	
AND EDUCATIONAL PURPOSES AS DEFINED BY THE	1 (1	l ⊲C		FOR CLUBS	
THAT ARE DELINOUENT IN TURNING IN THE	THE COMPL	FORMS	THE FOUN	NCL	
	1 1 2 1 2 1 1 1 1 1 1	72222			

Schedule I (Form 990) 2009

PAGE 27

Part III Grants and Other Assistance to Individuals Use Part IV and Schedule I-1 (Form 990) if add
--

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	t				
Part IV Supplemental Information. Complete this pa	te this part to	provide the info	ormation required	I in Part I, line 2, and any	rt to provide the information required in Part I, line 2, and any other additional information.
WILL NOT AWARD ADDITIONAL GRANTS U	UNTIL ALL	PAST DUE COM	COMPLETION FORMS	IS HAVE	
	GRANTS MADE	ΔI	T INTERNATIONAL,	NAL	
S THE	OF	HE GRANT	DS VIA A	UOINT	
ING OF THE FOUNDATION'S	OF DIR	AND TE	MIST		
IONAL BOARD OF DIRECTORS	 NA AN AN	ASIS.	LNI	BOARD	
 NATIONAL	VIDES	H LEVEL	¦ ₽	31	
PROGRAM ACTIVITIES THAT IT HAS CON		R THE CURREN		FLL AS	
IES FOR FUT	PERIODS.	SCHOLARSHIPS	ARE AWARDEL		

Schedule I (Form 990) 2009

Schedule I (F	Schedule I (Form 990) 2009			23-7102928			Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed	dividuals in th 990) if addition	e United States al space is nee	. Complete if the ded.	e organization answered	the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ional space is needed.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
							ļ
,							
Part IV	Supplemental Information. Complete this part		provide the info	rmation required	in Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.	
ELIGIBLE	LE INDIVIDUALS IN THE UNITED	STATES	ON AN ANNUAL	BASIS. THE			
SCHOLAF	SCHOLARSHIPS ARE AWARDED BASED ON CRITERIA	i	ESTABLISHED	BY OPTIMIST			
INTERNA	INTERNATIONAL. INDIVIDUALS SUBMIT	AN APPLICATION	ATION FOR A	SCHOLARSHIP,	, AND		
THE AWA	AWARDS ARE MADE ON AN ANNUAL B	BASIS BY TH	THE MEMBERS O	OF THE OPTIMIST	ST		
INTERNA	INTERNATIONAL DISTRICT REPRESENTATIVES	NO	BEHALF OF THE	FOUNDATION.	THE		
SCHOLARSHIPS	SHIPS AWARDED TO INDIVIDUALS	S ARE ONLY	PAID WHEN	THE INDIVIDUAL	AL		1
PROVIDES_	ES CERTIFICATION OF ADMISSION	TO_AN	EDUCATIONAL_I	INSTITUTION			
FOUNDAT	FOUNDATION MAKES THE PAYMENT ON BEHALF OF	HALE OF THE	STUDENT	DIRECTLY TO T	工月医		

Schedule I (Form 990) 2009

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 Part III

(f) Description of non-cash assistance				to provide the information required in Part I, line 2, and any other additional information.							Schedule I (Form 990) 2009
(e) Method of valuation (book, FMV, appraisal, other)				d in Part I, line 2, and ar							
(d) Amount of non-cash assistance				ormation require							
(c) Amount of cash grant				o provide the inf							
(b) Number of recipients					 				 		
(a) Type of grant or assistance				Part IV Supplemental Information. Complete this part		EDUCATIONAL INSTITUTION.					

PAGE 30

11:27:20 A V 09-9.3

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
OPTIMIST INTERNATIONAL FOUNDATION

Employer identification number

23-7102928

ATTACHMENT 2

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, QUESTION 11

THE FORM 990 IS REVIEWED BY MANAGEMENT AND PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL AT A REGULARLY SCHEDULED MONTHLY BOARD MEETING. AFTER REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, THE FORM 990 IS FILED WITH THE IRS BY MANAGEMENT.

CONFLICTS OF INTEREST

FORM 990, PART VI, SECTION B, LINE 12C

BOARD MEMBERS ANNUALLY REVIEW A LIST OF VENDORS AND SUPPLIERS TO DETERMINE CONFLICTS OF INTEREST.

COMPENSATION DETERMINATION PROCESS

FORM 990, PART VI, SECTION B, QUESTION 15A

THE BOARD OF DIRECTORS APPROVED THE SALARY OF THE FOUNDATION'S CURRENT EXECUTIVE DIRECTOR BASED ON COMPARISONS FOR SIMILAR POSITIONS IN SIMILAR NOT-FOR-PROFIT ORGANIZATIONS. THE COMPARATIVE INFORMATION WAS ACCUMULATED BY THE FOUNDATION DURING THE SEARCH FOR A NEW EXECUTIVE DIRECTOR IN A PRIOR YEAR. ON AN ANNUAL BASIS, THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE TO DETERMINE IF A CHANGE IN COMPENSATION IS WARRANTED.

DELEGATION OF MANAGEMENT FUNCTION

FORM 990, PART VI, SECTION A, QUESTION 3

THE FOUNDATION HAS OUTSOURCED THE ACCOUNTING FUNCTION TO OPTIMIST

ATTACHMENT 2 (CONT'D)

INTERNATIONAL, WHICH IS A SEPARATE EXEMPT ORGANIZATION. THE FOUNDATION'S ACCOUNTING ACTIVITIES ARE PERFORMED BY DEBORAH JOHNSON AND CONNIE PELLOCK AT OPTIMIST INTERNATIONAL. UTILIZING INFORMATION PREPARED BY OPTIMIST INTERNATIONAL, THE FOUNDATION'S EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS MONITOR THE ACCOUNTING ACTIVITY AND FINANCIAL PERFORMANCE OF THE FOUNDATION ON A PERIODIC BASIS.

COMMITTEES

FORM 990, PART VI, SECTION A, QUESTION 8B

THE ORGANIZATION DOES NOT CURRENTLY HAVE ANY FORMAL COMMITTEES OF THE

BOARD OF DIRECTORS THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD

OF DIRECTORS.

COMPENSATION OF OTHER KEY EMPLOYEES

FORM 990, PART VI, SECTION B, QUESTION 15B

THE FOUNDATION DOES NOT HAVE ANY KEY EMPLOYEES OR HIGHLY COMPENSATED EMPLOYEES OTHER THAN THE EXECUTIVE DIRECTOR.

PUBLIC DOCUMENTS

FORM 990, PART VI, SECTION C, QUESTION 19

THE VARIOUS DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST ADDRESSED TO THE FOUNDATION'S OFFICE.

AUDIT OVERSIGHT

FORM 990, PART XI, QUESTION 2C

THE FOUNDATION'S BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, INCLUDING REVIEW AND APPROVAL OF THE ANNUAL FINANCIAL

ATTACHMENT 2 (CONT'D)

STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

RELATED ORGANIZATION

SCHEDULE R

OPTIMIST INTERNATIONAL FOUNDATION (THE FOUNDATION) IS AFFILIATED WITH OPTIMIST INTERNATIONAL (THE ORGANIZATION), WHICH IS A SEPARATE 501(C)(4) ENTITY. THE FOUNDATION AND THE ORGANIZATION HAVE SEPARATE GOVERNING BODIES AND SEPARATE OFFICERS. HOWEVER, THE FOUNDATION WAS ESTABLISHED IN PRIOR YEARS TO COLLECT CONTRIBUTIONS FROM THE GENERAL PUBLIC AND ESTABLISH PROGRAM SERVICES THAT FURTHER EXECUTE THE ORGANIZATION'S CHARITABLE AND LITERARY ACTIVITIES. THE FOUNDATION UTILIZES THE ORGANIZATION TO PROCESS PAYROLL TRANSACTIONS ON ITS BEHALF. WHILE THE FOUNDATION DOES EMPLOY 4 INDIVIDUALS (INCLUDING THE EXECUTIVE DIRECTOR OF THE FOUNDATION), ALL REQUIRED PAYROLL FILINGS (W-2, W-3, 941) ARE FILED BY THE ORGANIZATION UNDER THE ORGANIZATION'S FEDERAL EMPLOYER IDENTIFICATION NUMBER. THE FOUNDATION REIMBURSES THE ORGANIZATION FOR 100% OF THE PAYROLL COSTS INCURRED FOR THESE 4 EMPLOYEES, WHICH AMOUNTED TO \$330,603 FOR THE YEAR ENDED SEPTEMBER 30, 2010. THREE OF THE FOUNDATIONS FORMER EMPLOYEES ARE PARTICIPANTS IN A DEFINED BENEFIT PENSION PLAN SPONSORED BY THE ORGANIZATION. ONE OF THE FORMER EMPLOYEES, WHO WAS THE FORMER EXECUTIVE DIRECTOR OF THE FOUNDATION, IS CURRENTLY RECEIVING BENEFIT PAYMENTS FROM THE PLAN (THE FREQUENCY AND AMOUNT OF WHICH ARE DETERMINED ACCORDING TO THE PLAN DOCUMENT). ON AN ANNUAL BASIS, THE FOUNDATION MAKES A PAYMENT TO THE ORGANIZATION RELATED TO THE PLAN. THE AMOUNT OF THE PAYMENT FROM THE FOUNDATION TO THE ORGANIZATION IS A PRO-RATA CALCULATION OF THE TOTAL CONTRIBUTION MADE TO THE PLAN BY THE ORGANIZATION FOR THE YEAR. FOR THE YEAR ENDED SEPTEMBER 30, 2010, THIS

ATTACHMENT 2 (CONT'D)

AMOUNT WAS \$24,373. THE FOUNDATION HOLDS A LONG TERM NOTE RECEIVABLE FROM THE ORGANIZATION. DURING THE CURRENT FISCAL YEAR, TOTAL REPAYMENTS OF INTEREST AND PRINCIPAL ON THE LOAN FROM THE ORGANIZATION TO THE FOUNDATION AMOUNTED TO \$60,391. ON A PERIODIC BASIS, THE ORGANIZATION ADVANCES OPERATING FUNDS TO THE FOUNDATION. THE TOTAL OF SUCH PAYMENTS DURING THE YEAR ENDED SEPTEMBER 30, 2010 AMOUNTED TO \$62,703. AT SEPTEMBER 30, 2010, \$283,680 WAS DUE FROM THE FOUNDATION TO THE ORGANIZATION.

OTHER ORGANIZATION

FORM 990, PART IV, QUESTIONS 14, 15 AND 16

THE FOUNDATION HAS A RELATIONSHIP WITH AN ORGANIZATION BASED IN CANADA THE OPTIMIST INTERNATIONAL FOUNDATION OF CANADA (CANADIAN FOUNDATION).
THE FOUNDATION SHARES CERTAIN RESOURCES WITH THE CANADIAN FOUNDATION,
INCLUDING A WEBSITE. THE CANADIAN FOUNDATION IS A SEPARATE LEGAL ENTITY,
AND HAS A SEPARATE BOARD OF DIRECTORS. THERE ARE NO COMMON BOARD MEMBERS
BETWEEN THE FOUNDATION AND THE CANADIAN FOUNDATION. SEVERAL YEARS AGO,
THE FOUNDATION ADVANCED FUNDS TO THE CANADIAN FOUNDATION TO COVER CERTAIN
OPERATING COSTS. THIS AMOUNT HAS BEEN RECORDED ON THE FOUNDATION'S
FINANCIAL STATEMENTS AS A RECEIVABLE. NO FORMAL REPAYMENT AGREEMENT
EXISTS, HOWEVER THE CANADIAN FOUNDATION HAS BEEN MAKING PAYMENTS TO THE
FOUNDATION ON A PERIODIC BASIS TO REDUCE THE AMOUNT OF THE ADVANCE. THE
TOTAL AMOUNT DUE FROM THE CANADIAN FOUNDATION AT SEPTEMBER 30, 2010
AMOUNTED TO \$80,466.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

YOUTH CLUB PROGRAMS: SCHOLARSHIPS TO SUPPORT YOUTH CLUB PROGRAMS AND

ATTACHMENT 2 (CONT'D)

ACTIVITIES. TOTAL EXPENSES FOR THE YEAR ENDED SEPTEMBER 30, 2010 AMOUNTED TO \$85,000, ALL OF WHICH WERE SCHOLARSHIPS MADE TO INDIVIDUALS LIVING INSIDE THE UNITED STATES.

ESSAY CONTEST SCHOLARSHIPS PROGRAM: AN ANNUAL COMPETITION FOR HIGH SCHOOL STUDENTS WITH OVER 25,000 ENTRANTS. SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS LIVING IN THE UNITED STATES. TOTAL EXPENSES FOR THE YEAR ENDED SEPTEMBER 30, 2010 AMOUNTED TO \$104,800, ALL OF WHICH WERE SCHOLARSHIPS.

COMMUNICATIONS CONTEST FOR THE DEAF AND HARD OF HEARING SCHOLARSHIPS

PROGRAM (CCDHH): A PROGRAM THAT AWARDS SCHOLARSHIPS TO DISTRICT WINNERS.

SCHOLARSHIPS ARE AWARDED TO EACH INDIVIDUAL WINNER AND ARE PAYABLE UPON

RECEIPT OF THE CORRECT PAPERWORK FROM AN INSTITUTION OF HIGHER LEARNING.

TOTAL EXPENSES FOR THE YEAR ENDED SEPTEMBER 30, 2010 AMOUNTED TO \$52,500,

ALL OF WHICH WERE SCHOLARSHIPS MADE TO INDIVIDUALS LIVING INSIDE THE

UNITED STATES.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE OPTIMIST INTERNATIONAL FOUNDATION, INCORPORATED IN FEBRUARY 1971, IS A FOUNDATION AND CHARITABLE CORPORATION ESTABLISHED FOR THE GENERAL PURPOSE OF SOLICITING AND RECEIVING GIFTS, DONATIONS AND BEQUESTS OF MONEY AND PROPERTY TO BE USED FOR THE FURTHERANCE OF THE CHARITABLE AND EDUCATIONAL EFFORTS AND ACTIVITIES OF OPTIMIST INTERNATIONAL. THE FOUNDATION ALSO ACTS AS A CUSTODIAN AND

Page 2

Name of the organization OPTIMIST INTERNATIONAL FOUNDATION **Employer identification number** 23-7102928

ATTACHMENT 3 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INVESTMENT MANAGER FOR VARIOUS FUNDS THAT HAVE BEEN DONATED TO OR ACCUMULATED BY OPTIMIST INTERNATIONAL CLUBS. THE FOUNDATION SUPPORTS OPTIMIST INTERNATIONAL PROGRAMS.

FORM 990, PART III, LINE 4D - OTHER F	PROGRAM SERVICES	ATTACH	MENT 4
DESCRIPTION	GRANTS_	EXPENSES	REVENUE
YOUTH CLUBS PROGRAMS	85,000.	85,000.	
ESSAY CONTEST SCHOLARSHIP PROGRAM	104,800.	104,800.	
CCDHH SCHOLARSHIPS PROGRAM	52,500.	52,500.	
TOTALS	242,300.	242,300.	
FORM 990, PART VIII - GAMING ACTURE DESCRIPTION	TIVITIES	ATTACHMENT	5
RAFFLE INCOME	345		345
TOTALS	345		345

ATTACHMENT 6

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:

PROMISSORY NOTE RECEIVABLE

ORIGINAL AMOUNT:

730,000.

INTEREST RATE:

7.000000

DATE OF NOTE: MATURITY DATE: 04/01/2008

03/31/2028

REPAYMENT TERMS:

MONTHLY PAYMENTS BASED ON ADJUSTED INTEREST RATE

SECURITY PROVIDED:

OFFICE BUILDING

PURPOSE OF LOAN:

FUND OPTIMIST INT'L DEFINED BENEFIT PLAN

RELATIONSHIP:

BUSINESS - RELATED EXEMPT ORGANIZATION

	1 .	
Schedule O (Form 990) 2009	• •	Page 2
Name of the organization OPTIMIST INTERNATIONAL FOUNDATION	Employer identifica	tion number
	ATTACHMENT	6 (CONT'D)
BEGINNING BALANCE DUE		701,473. 678,941.
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE		701,473.
TOTAL ENDING NOTES AND LOANS RECEIVABLES		678,941.
	ATTACHMENT 7	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES	=	
DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MONEY MARKET FUNDS	37,691	. FMV
MUTUAL FUNDS	4,201,731	. FMV

TOTALS

4,239,422.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Part I

OPTIMIST INTERNATIONAL FOUNDATION

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. See separate instructions. Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Open to Public Inspection

Employer identification number

23-7102928

Schedule R (Form 990) 2009 (f)
Direct controlling
entity (f) Direct controlling entity N/A Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets N/A (d) Exempt Code section (d) Total income 501(C)(4) (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) QW W CIVIC/CHARITY (b) Primary activity (b) Primary activity 43-0443279 , MO 63108 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. SAINT LOUIS, (a)
Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity OPTIMIST INTERNATIONAL 4494 LINDELL BLVD Part II

23-7102928

Schedule R (Form 990) 2009

Page 2

managing partner? Yes No General of (i)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) (h) Disproportonale allocatons? Yes No (g) Share of end-of-year assets (f) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)
Name, address, and EIN of related organization Part III

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part Part IV

ted organizations treated as a corporation or trust during the tax y (b) (c) (c) (d) (e) (d) (e) (state or entity) (foreign country) (for	(1)	Share of total income end-of-year assets ownership				
Name, address, and ElN of related organization (a) (b) (c) (d) (d) (d) (state or entroll primary activity (state or entity) (e) (f) (f) (f) (f) (g) (h) (g) (h) (h) (in) (h) (in)	trust during the tax yea	(e) Type of entity (C corp, S corp, or trust)				
Name, address, and EIN of related organization (a) (b) (b) (c) (a) Primary activity (state (s	s a corporation or					
Name, address, and ElN of related organization Name, address, and ElN of related organization P	rganizations treated a			:	 -	
	IV, line 34 because it had one or more related or					

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) Part V

	Note Complete line 1 if any entity is listed in Darte II III or IV of the schedule			Yes No	
_		arts II–IV?			j; j
π	Recent of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity.		1a	×	
ء :			1p	×	I
ن	Gift, orant, or capital contribution from other organization(s)		10	×	1
, τ	Loans or Joan quarantees to or for other organization(s)		1 d	×	1
3 0	Loans or loan guarantees by other organization(s)		1e	×	1 1
)					1-7
-	Sale of assets to other organization(s)		-	×	1
0	Purchase of assets from other organization(s)		19	×	1
ء ہ	Exchange of assets		ا	× —	
:	Lease of facilities equipment or other assets to other organization(s)		=	×	١
					$\vdash \neg$
	Lease of facilities, equipment, or other assets from other organization(s)		<u>;</u> =	×	1
, <u>×</u>	Performance of services or membership or fundraising solicitations for other organization(s)		1k	×	1
_	Performance of services or membership or fundraising solicitations by other organization(s).		-	×	1
. E	Sharing of facilities, equipment, mailing lists, or other assets,		1 m	×	1 1
_	Sharing of paid employees		- T	×	1
0	Reimbursement paid to other organization for expenses			×	- 1
٥	Reimbursement paid by other organization for expenses		1p	×	1~
					·····
σ,	Other transfer of cash or property to other organization(s)		- +	×	. I.
۔ ٔ	Here italiser of cash of property from other organization (s)	covered relationships and transaction thresholds	splodsordt dottoes		. 1
	TOT INTOTITION OF WITH THIRST COMPINED THIS INTE, INCIDENTIFY	AllOlistips and trans	Sacion intestions		1
	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	ğ	1
Ξ	OPTIMIST INTERNATIONAL		634,02	024.	- 1
(2)	OPTIMIST INTERNATIONAL		24,	373.	1
(3)	OPTIMIST INTERNATIONAL		. '29	703.	1
(4)	OPTIMIST INTERNATIONAL		3,5	525.	- 1
(2)	OPTIMIST INTERNATIONAL		09	391.	1
(9)	OPTIMIST INTERNATIONAL		283, (680.	1
1		•	Schedule R (Form 990) 2009	990) 2008	0

Unrelated Organizations Taxable as a Partnership (Complete If the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) Name, address, and EIN of entity (state or foreign Section Section Section Section (c) (d)	(b) Primary activity	(c) Legal domicile	(d) Are all partners	(e) Share of	(f) Disproportionate	(g) Code V-UBI	(h) General or managing
			501(c)(3) organizations?	assets		of Schedule K-1 (Form 1065)	partner?
			Yes		Yes		Yes
			_				
					_		
					!		
						Schedule R (Form 990) 2009	990) 2009

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PAGE 41

SCHEDULE R-1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of filing organization

Continuation of Identification of Disregarded Entities

Part I

OPTIMIST INTERNATIONAL FOUNDATION

Continuation Sheet for Schedule R (Form 990)

► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part II; Part V, line 2; or Part VI. ► See instructions for Schedule R (Form 990).

2009

OMB No 1545-0047

Employer identification number

23-7102928

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	:				
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Schedule R-1 (Schedule R-1 (Form 990) 2009

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Schedule R-1 (Form 990) 2009

					•
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state E) or foreign country)	(d) exempt Code section	(f) Public charity status Direct controlling (if section 501(c)(3))	(f) Direct controlling entity
					1
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					•
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				Schedule R-1	Schedule R-1 (Form 990) 2009

PAGE 43

Schedule F	Schedule R-1 (Form 990) 2009	
Part III	Continuation of Identification of Related Organizations Taxable as a Partnership	

al or jing. ar?	۱ę			İ							
U) General or managing, partner?	Yes No		<u> </u>				_				
Code V-UBI amount on box 20 of K-1											
(h) Disproportorate altocatore?	å										
Dispropo	Yes No										
(g) Share of end-of-year assets											
Share of total income											
Predominant income (related, unrelated, excluded from tax under	sections 512-514)			3							
(d) Direct controlling entity											
(c) Legal domicile (state or foreign country)											
(b) Primary activity											
(a) Name, address, and EIN of related organization											

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Schedule R-1 (Form 990) 2009

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
							•
							•
						Schedule R-1 (Form 990) 2009	m 990) 2009

23-7102928 Schedule R-1 (Form 990) 2009

Page 5

330,603. Schedule R-1 (Form 990) 2009 Amount involved છ (B)
Transaction
type (a-r) 0 Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) (A)
Name of other organization (7) OPTIMIST INTERNATIONAL Part V (8) (6) (10) (11) (16) (18) (12) (13) (14) (15) (19) (20) (22) (21) (23) (24)

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Form 990) 20	
hedule R-1 (
	:hedule R-1 (Form 990) 2009

Page 6

23-7102928

Part VI Continuation of Unrelated Organizations Taxable as a Partnership	าร Taxable as a Partners	ship						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all Partners Section Soft(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount on Box 20 of K-1	Gene man	(h) General or managing managing partner?
			Yes No		Yes		Yes	Yes
								<u>.</u>
					_			
						:	-	
				,				
						,		•
				i	-	Schedule R-1 (Form 990) 2009	Form 990	0) 2009

(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of th nternal Revenue		► File a	separate ap	pplication for each return.					
				nly Part I and check this box					X
				sion, complete only Part II (on page					
Do not comp	lete Part II u	<i>inless</i> you have already been gran	ited an aut	omatic 3-month extension on a pre-	viously filed	d For	m 886	8.	
a corporation 3868 to requ Return for T nstructions).	required to uest an externion ransfers A For more of	o file Form 990-T), or an addition ension of time to file any of the ssociated With Certain Personal letails on the electronic filing of th	al (not aut forms liste Benefit (is form, vis	u need a 3-month automatic extensionatic) 3-month extension of time. d in Part I or Part II with the exception contracts, which must be sent to set www.irs.gov/efile and click on e-fi	You can ention of Fo the IRS	election 8 orm 8 orm p	ronica 8870, aper f	lly file F Informa format	orm ation
		Month Extension of Time. On							
Part I only				atic 6-month extension - check this b 		·		►[of time	
o file income									
Type or		empt organization			Employer			n numbe	:r
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fue date for iling your		INDELL BOULEVARD		4					
eturn See	um See City, town or post office, state, and zir code For a foreign address, see instructions								
structions ST. LOUIS, MO 63108									
Enter the Return code for the return that this application is for (file a separate application for each return)									
Application Return Application									ırn
s For			Code	is For				Cod	le
orm 990			01	Form 990-T (corporation)				07	
orm 990-BL			02	Form 1041-A				08	
orm 990-EZ			03	Form 4720				09	
orm 990-PF			04	Form 5227				10	
		i) or 408(a) trust)	05	Form 6069				11	
orm 990-T			06	Form 8870				12	
The books	are in the	care of ►CONNIE J. PEL	LOCK F	FAX No. ▶					
				the United States, check this box				▶	
If this is fo	r a Group F	Return, enter the organizati <u>on's</u> fou	ır dıgıt Gro	up Exemption Number (GEN)			If th	nis Is	
				irt of the group, check this box	▶[and at	tach	
a list with the	names an	d EINs of all members the extensi	on is for.						
until for the • ▶	organizatio calendar ye	05/15_, 20_11, to file the ends return for: ear 20 or	exempt org	equired to file Form 990-T) extension ganization return for the organization ganization ganization gan gan gan gan gan gan gan gan gan ga	n named a			extension	n is
2 If the ta	x year ente	ered in line 1 is for less than 12 m			Final retur				
nonrefu	indable cre	dits. See instructions.		, or 6069, enter the tentative tax		3a	\$		0.
				6069, enter any refundable cr	edits and				
		nents made. Include any prior yea				3ь	\$		
		tract line 3b from line 3a. Include I Tax Payment System). See instru		ent with this form, if required, by us	ing EFTPS	3c	\$		0.
Caution. If y	ou are goi	ng to make an electronic fund v	vithdrawal	with this Form 8868, see Form 8	453-EO a	nd F	orm 8	879-EC) for
payment inst	ructions.				-				